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ABSTRACT

The description of the conference of the American Speech and Hearing Association is introduced by a discussion of the background and procedures used in the conference. The general areas dealt with in the discussions were the necessary skills and knowledge of speech pathologists and audiologists, the improvement of professional education curricula, and methods of determining professional competency. Group discussions summarized cover education at the B.A. level, more flexible undergraduate programs, programs to develop various skills to be used in a multidisciplinary approach, a delineation of the basic knowledges needed, programs for paraprofessionals, the functions of the clinical practitioner, and standards of necessary experience and degree levels. Evaluation questionnaires on the structure and content of the conference, a list of participants, and a list of distributed materials are included. (JM)

UNDERGRADUATE PREPARATION

FOR PROFESSIONAL EDUCATION

IN SPEECH PATHOLOGY AND AUDIOLOGY

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UNDERGRADUATE PREPARATION FOR PROFESSIONAL EDUCATION IN SPEECH PATHOLOGY AND AUDIOLOGY

New Orleans, Louisiana

February 24, 25, and 26, 1969

A Conference sponsored by the
American Speech and Hearing Association

Supported jointly by the
Rehabilitation Services Administration
and the United States Office of Education

Conference Editors

Lear Ashmore
Grace Hanson

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AMERICAN SPEECH AND HEARING ASSOCIATION

9030 Old Georgetown Road
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U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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FOREWORD

The New Orleans conference on undergraduate preparation, summarized in this report, is one more evidence of the continuing concern shown by speech pathologists and audiologists in this country for improvement and development as a profession, and academic discipline. The Highland Park conference on graduate education, almost ten years ago, set a high mark for the many conferences that have followed it. The subjects of these conferences have been many and varied: clinical practicum, intern experience, certification of clinical competence, procedures for approval of service facilities and training programs, and many others. None of these conferences has achieved, or even aimed at, the final resolution of any aspect of professional preparation or practice in speech pathology and audiology; but each has made its contribution, and some have left indelible marks on the changing face of the profession we work in and are building.

To those of us who began the planning of the New Orleans Conference more than a year ago, it seemed that any consideration of undergraduate preparation in speech pathology and audiology must necessarily give attention to a group of related and pressing problems. The main ones, as we saw it, included the following:

1. Because undergraduate preparation is part of total preparation, the whole philosophy of preparation in speech pathology and audiology, in terms of academic curricula

and clinical experiences, must be re-examined. It is not self-evident, nor have we yet clearly formulated, what it is that we need to know and need to know how to do in order to function effectively in the identification, assessment, and remediation of the disorders of speech and hearing. A plausible undergraduate beginning must be consistent with the total program of preparation.

2. More specifically, in a program that extends into the graduate levels, what is the most effective sequence of the courses and experiences in it? If we can agree on what the total program should achieve, and what it should have in it, what parts should be introduced first? What parts ought to be deferred because of the prerequisites peculiar to them, or because they are likely to be more meaningful in the terminal, rather that the initial, stages of preparation?

3. How does an undergraduate program that will extend into the graduate level in order to achieve a minimal level of clinical competence, relate to other kinds of training with different goals or with different anticipated termination points? For example, in what ways is such a program like or different from programs suitable for producing technicians and supportive personnel? Does such a program have any value as a liberal arts sequence, or for anyone else other than the speech pathologist and audiologist?

4. Are there practical problems that undergraduate programs must face because they come early in the preparation sequence? For example, is the undergraduate program the proper place for recruitment of personnel? And, if it is, what difficulties arise when these recruits, having made an investment in the area, cannot be guaranteed admission to the graduate program that is an essential part of it?

5. What degree of uniformity in undergraduate programs is desirable to insure a quality product? And how can such uniformity be even approximated without seriously discouraging innovative and experimental efforts upon which we must depend for improvement?

What has been itemized are only the most apparent of the problems that surround undergraduate programs of preparation in the professional area of speech pathology and audiology. We were convinced from the beginning that the subject matter of this conference was not trivial, and that a meeting of minds on anything else except the importance of the subject would not be easy to come by.

Our committee sought earnestly to plan without overplanning, to structure without overstructuring. We wanted the participants themselves to feel free to make their own decisions through their own work-methods. "Creative," "open-ended," and "productive" were words we used often. We even hired experts on group interaction to give us practical suggestions about how best to approach our task, and the participants in New Orleans must have been aware (indeed, they made it clear that they were aware, both in New Orleans and since) how serious we were in pursuit of these values. We were not always agreed on <u>how</u> to do it, but we never disagreed about the importance of trying to do it.

I point with some pride (and I think all the Planning Committee will join me in this) to some of the features of the New Orleans conference that have not been tried before in ASHA conferences. I am pointing, of course, to those features that worked. For example, we managed three days of intensive discussions without once wasting our time or

money listening to an invited speaker tell us things we already knew! That, friends, is progress! Only those who felt they should have been invited as resource speakers will dissent. Not everything we tried worked as well, but what we attempted is described as part of this report. We think that future Planning Committees of ASHA will do well to study our planning and what came of it. If for no other reason, because we made some mistakes spectacular enough so that they need never be repeated.

If achieving a creative conference was our first concern, perhaps the second was avoiding a sterile situation in which we talked to ourselves. The matrix from which participants were selected (again, see the report) insured that those who produce speech pathologists and audiologists and those who consume the product would meet together to discuss the kind of product needed, and to talk about ways of improving what we are now producing. If anyone didn't get to say what he thought needed saying, and in a setting where the saying of it might be expected to do some good, it was not through lack of effort to provide just such an opportunity. I think the plan of "matched" and "mixed" discussion groups worked well. I myself would not have predicted (although I am sure there were members of my committee who could have told me if they had thought I was ready for it) that the mixed groups would be so much more productive. In the end, these groups became the real focus of action in the conference, and their reports form a large part of this record.

No one who has had anything to do with selecting a limited number of participants for a national conference on a live topic will doubt how difficult this part of our task proved to be. We did make a conscientious effort to see

that all work environments connected with our profession were represented, and that some kind of geographical balance was preserved. That, too, is explained in the report.

A conference like the New Orleans one does not seek to forge an agreement to which the participants, or the American Speech and Hearing Association as an organization, or any of its members, are irrevocably bound. Information is exchanged, points-of-view are argued, and lines of development are explored. This was done at New Orleans with great enthusiam. Because of the way the conference was structured, the task of reporting what occurred has been a formidable one. I want to give a special commendation to the conference editors, Dr. Lear Ashmore and Miss Grace Hanson. I think they have done well, considering the obstacles we on the Planning Committee put in their way.

Besides what the participants learned from each other at New Orleans, and what this report can make available to those who did not participate, perhaps the most substantial contribution this conference made was in the local-level discussions on undergraduate preparation held before and since, and the possibility that problems raised at New Orleans can be resolved through further conferences, committees, or work-groups within the Association.

I have already praised our editors, and expressed appreciation for the hard work and patience of the conference participants. There are many more, of course, who were not physically present at New Orleans but who made substantial contributions by answering questionnaires, submitting materials, and making suggestions about topics to discuss. They also helped to make the conference possible, and on behalf of the Planning Committee, I thank them all.

Some special word is due to Dr. Jamil Toubbeh, of Social and Rehabilitation Service and Miss Mary Ann Clark, of the United States Office of Education. These were our agency representatives, and we were most fortunate in having them. From the first, they worked as hard or harder than the other members of the Planning Committee.

Dr. Clifton Lawrence, our Project Director, must have felt at many points that our demands upon him and upon the Association went far beyond what planning committees have a right to ask. We depended upon him heaviliy, and he did not fail us. He used his personal resources and those of the Association most generously in our behalf. Much of what went smoothly at New Orleans did so because of him.

To the fellow members of the Planning Committee a special word of appreciation is richly deserved. Anyone who thinks that sincerity of purpose and modest endowments of intelligence are enough to get one by on a planning committee has simply not served on a committee like ours. We needed also tolerance, persistence, and insight, and fortunately most of my fellow-planners had more of these qualities than I did.

I could, of course, have told them this before, but I didn't feel they were ready for it.

Jesse Villarreal
Chairman, Planning Committee

WELCOMING REMARKS

It gives me a great deal of pleasure to extend a welcome to you from the American Speech and Hearing Association. Also, on behalf of the Association I wish to acknowledge the support provided by the U. S. Office of Education and the Rehabilitation Services Administration. Their financial support makes this conference possible. Further, their stated interest in the development of undergraduate education encouraged the American Speech and Hearing Association to initiate the request for such funds as would be needed to hold a conference on undergraduate education.

Also, as President of the Association I wish to extend my personal thanks to Dr. Villarreal and his committee and Dr. Clifton Lawrence for the many hours they spent in preparing this conference.

I would like to spend a few minutes in expressing my hopes for this conference. First of all, I view this as a "must" conference. The results must be positive, must be practical and must be reported in such a way that they can be implemented.

All of us--in attendance at this conference--have a heavy responsibility--if we are to produce the types of results I have mentioned.

We have--as a profession--been receiving pressures from several sources to indicate a program of undergraduate education. These pressures have come from state and

national accrediting bodies, from professional associations and from directors of training programs.

However, we must not let the pressures interfere with what we have to do. We must direct our efforts toward the development of a curriculum that will be one part of a professional training program. We need to think in terms of a training program that will enable us to train and educate students who are equipped to meet the problems of 1976. This means we are talking about graduates who are sensitive to the needs of individuals and society, who will be innovative and who will be ready to cope with the disorders of communication of an ever changing society.

But, at the same time we must keep in mind that accrediting agencies are looking for direction--in regard to the composition of undergraduate programs in speech and hearing.

Finally, as you carry on your deliberations you should keep in mind the question of whether we should talk about only one type of curriculum. You may have to talk about two types in that I think we must realistically evaluate the assumption that the researcher can be trained in a manner similar to that used for the clinician. We need to think of a portrait rather than a collage.

I hope your deliberations will not be filled with stories of "how we do it" or "our state requires." While you are in a parish district here in Louisiana, I hope it will not cause you to be parochial.

This afternoon I noticed the title of a book to be published in the next few months--it is a great title--"Purple Violet Squish: A Psychedelic View of God." I hope

we do not produce--A Purple Violet Squish: A Psychedelic View of Speech Pathology and Audiology.

John J. O'Neill
President
American Speech and Hearing Association

I. BACKGROUND AND PROCEDURES OF CONFERENCE

Preparation

The conference was sponsored by the American Speech and Hearing Association and supported by the Rehabilitation Services Administration, Social and Rehabilitation Service, and the United States Office of Education. Dr. Clifton Lawrence of the American Speech and Hearing Association was the Project Director. Dr. Jamil Toubbeh of Social and Rehabilitation Service and Miss Mary Ann Clark of the United States Office of Education were the representatives of the supporting agencies and participated in the meetings of the planning committee. The members of the planning committee were: Jesse Villarreal of The University of Texas at Austin, chairman; Allen Drexler, Cincinnati Speech and Hearing Center, Gloria Engnoth, Baltimore County Schools, Victor Garwood, University of Southern California, Bruce Graham, Henry Ford Hospital, Detroit, John Irwin, University of Kansas, and Laurel Schendel, Florida State University.

The planning committee chose the participants on the basis of their relationship to speech and hearing personnel both as educators or employers of persons in the field, and on the basis of geographical distribution. There were ninety-eight invited participants from the different geographical divisions of the United States. These persons were selected from the following occupational categories: (1) federal, state, county and city agencies; (2) graduate programs of training in speech pathology and audiology; (3) undergraduate programs of training; (4) public school

speech and hearing clinicians or therapists; (5) community and hospital speech and hearing clinics; (6) university presidents and division heads. A complete list of the participants is included in Appendix A.

Although the members of the planning committee did not want the participants to come to the conference with a strong prejudice about the outcome, it was decided to ask the participants to prepare for the conference by reading selected publications and by discussing the conference theme with their colleagues in their job settings. Conference preparation (see Appendix B) included the distribution of descriptions of selected programs, a related conference report, and a job analysis process which served as the content organizer for the conference. The job analysis process consisted of three parts which were: (1) enumeration of the principal activities of the speech pathologist and audiologist and the skills necessary to perform them; (2) the academic and practicum experiences needed to develop these skills; (3) the implementation of items (1) and (2) into curriculum planning with consideration of the sequential nature of the course content and some division between undergraduate and graduate levels.

In addition to the organization of the conference, the planning committee also concerned itself with decisions as to the implementation of conference procedures. Participants were divided into two sets of work groups. One set, called "matched" groups, was made up of persons from similar job environments. There was one group of administrators, a group of state consultants, one group of persons from community and hospital speech and hearing clinics, one group of persons from undergraduate programs, three groups of persons from graduate programs, and two groups of public school

therapists. The other set, called "mixed" groups, was made up of representatives of each of the categories; for example, one university administrator, one agency representative, one school therapist, one educator from a graduate program, one from an undergraduate program, were placed in one group. These nine mixed and nine matched groups formed the basic discussion units of the conference.

Fourteen members of the total participant group were selected as facilitators (leaders) and they were assigned to the various groups. Their tasks were those of facilitating the discussions of the groups and keeping the discussions moving in a constructive and purposeful manner. On February 23, the Sunday preceeding the conference, the planning committee conducted a preparatory workshop for facilitator training and observer training. This workshop was conducted by Dr. Drexler with the assistance of members of the planning committee. The workshop was designed as an orientation meeting for the facilitators to give them some understanding of the nature of their tasks for the conference. It also provided some structure for the observers, planning committee members, who visited the conference sessions to observe the proceedings and interaction of the groups.

Procedures

This section is composed of an overview of the daily program of the conference. On February 24, the conference was opened with an introduction by Dr. John O'Neill, President of The American Speech and Hearing Association. A copy of his introductory remarks precedes this section of the report. A brief explanation of purposes and procedures

of the conference was made by Dr. Villarreal and the daily schedule was explained at this time.

In essence, each day of the conference was structured along identical lines. The first group meetings of the day consisted of matched groups; midway in the morning, the groups changed and met as mixed groups. During lunch on February 24 and 25 the participants ate together in order to provide continued opportunities for discussion. After lunch the mixed groups reconvened. For the final session of each day, the participants came together for plenary sessions which were called "fishbowls." The fishbowls on the first two days of the conference were made up of representatives of the various groups who discussed the day's activities of their groups. There was also opportunity for any of the participants to add information when they felt the need.

Prior to the final day of the conference, the participants asked to meet in the mixed groups only for the last session. The consensus of the participants was the mixed groups produced the most helpful and fruitful discussions and information. Therefore, on the last day there were mixed groups only. The facilitators led the plenary or fishbowl session on the last day and there was an attempt to bring some kind of overview and perspective into this last meeting.

This detail of the procedure of the conference is presented as background for understanding the types of information coming out of the group meetings. Because the conference was not structured to produce a single document or to have the participants submit position papers, there was some concern expressed as to how the consensus of the conference

was to be presented not only to the participants but also to others who might be interested. Therefore the planning committee asked each of the nine mixed groups to prepare a consensus list of their discussions and give these to the editors at the end of the conference. These lists comprised, supposedly, each group's ideas concerning job-tasks and skills of speech pathologists and audiologist, objectives of the undergraduate program, suggestions as to course work and practicum experiences, and ways of implementing these suggestions.

II. GROUP REPORTS

Fishbowl Summaries

The following fishbowl summaries represent the essence of the discussions as viewed by the editors. The representatives of the various groups sat around in a circle surrounded by all the other participants and as the discussions progressed there was quite a lot of give-and-take to attempt to record. These summaries are presented in a chronologic framework from first to last. Additionally, since the individual group reports came on the last day, they are presented after the fishbowl summaries. However, the reader may find it helpful to read through the group reports briefly before looking at the fishbowl discussions and then read the reports more carefully after finishing with the fishbowls. The fishbowl summaries do not necessarily represent a play-by-play account of the discussions because the editors felt it was important to bring some order out of the chaos.

Fishbowl One

The assignment of the first day was to discuss such things as the competencies, skills and knowledges needed by speech pathologists and audiologists. Maybe it was because the fishbowl came at the end of the first day and participants were looking forward to the next day's discussion, but there was quite a bit of concern with curricula.

The editorial decision was to present the discussions of the first fishbowl in a "versus" framework. It

should not be implied that the discussions were necessarily of a polar nature but that the range of ideas could best be presented in such a framework. However, it would also be a kind of misrepresentation if the idea did not come across that there was quite a bit of "versus" in the discussions.

A. Now vs. ten years from now

Concern was expressed with the responsibility of trying to predict the nature of the field ten years from now and planning a curriculum to meet the needs of the future.

B. Undergraduate program totally vs. preprofessional preparation

1. The need to look at the total undergraduate program rather than just at the preprofessional aspects of the undergraduate program came up frequently.

2. An adjunct of this consideration, the idea of the liberal arts curriculum vs. the preprofessional curriculum was also presented.

3. Inherent in this kind of differentiation is the impracticality of looking only at preprofessional preparation when the idea of preprofessional training cuts across so many lines.

4. Another concern mentioned at this level of the discussion was the need to decide on basic skills that will be helpful for the student if he decides not to go on in this field. The particular concern here was with the student who may start out in speech pathology and audiology but who

decides somewhere along the way that he is not suited for this field or who is encouraged by the professionals in the field to go into another area because he does not seem to be destined for success in the field. There must be some responsibility for providing the student with basic kinds of information that would be of value to him in practically any other area which he would then be directed into.

5. Along these same lines, as the function of the undergraduate program to select those who should continue or weed out those who whould probably not continue, was the need to include in the undergraduate portion some preprofessional practicum experience. This practicum experience would be helpful in discovering those who would probably not be successful in the field but it would also provide interest and motivation for those who should be encouraged to continue in the field.

C. Employer vs. preparer (consumer vs. producer)

1. At least one participant who was an employer of speech and hearing clinicians brought up the idea that the employer should be the one to describe and prescribe the competencies because he was the one who knew what he wanted and expected of those he employed.

2. As can be imagined, this standpoint was reacted to immediately by other participants who felt that the standards must be set by the professionals and not by individuals who are consumers.

In some instances it is the consumer (for example, education agencies and superintendents) who attempts to dictate to the universities the depth and breadth of the training of professionals but in actuality it is the professional who can make the meaningful decisions.

D. One person doing all things vs. several persons working at differing levels of expertise

1. The concern here was with the idea of preparing one person to do all things needed with individuals with communication problems or with preparing persons with differing levels of expertise to implement different services with one client.

2. Another point was that the participants were looking at differing levels of expertise and that the person trained at the masters degree level was a professionally trained person who could take charge of and be responsible for major aspects of a program and then there were levels of persons below this professional who could perform specified types of job tasks as long as they were supervised by a clinically competent clinician.

3. The concern was directed toward the practicality of training a specialist in all areas of interest, who can work efficiently with all types of problems, with differing ages and in different types of specialized work settings.

4. The idea was also presented that there was probably a common base that all persons should have

and this would be followed by specialization at the graduate level. This common base was exemplified as continuing areas of basic concerns such as: normal development, including linguistics; identifying and evaluation of problems; modifying the speech and language problem, and ability to communicate with the individual and the comminity.

E. Preparation for the clinician vs. the scientist, or speech pathologist vs. the audiologist

1. In view of the fact that many persons in speech pathology and audiology go in different directions after they complete their education, there was concern about the training for the individuals who eventually end up as different types of specialists. It was felt that this differentiation was not clear in the purpose of the conference.

2. The point was also made that the conference seemed to be emphasizing the speech clinician rather than the audiologist and there was need to consider differences in preparation for these differing areas.

F. Quality vs. quantity

1. Another major area of discussion was with quality and the necessity of filling the jobs or meeting the needs which currently exist. It was felt that this was a basic problem which was currently of importance in training programs.

2. The concern was expressed in this first fishbowl that the conference to date had been duplicative

of other conferences particularly as concerned the job task analysis and insufficient manpower, etc.

G. Knowledges vs. skills

1. The speaker for at least one group said that his group had decided that knowledge, as such, is obsolete and that skills are the things with which the profession should be concerned. Skills are the things which will allow the speech pathology and audiology products to work in all settings.

2. In buying the services of a speech pathologists and audiologist what are their anticipated skills, and do these vary from job to job? Of concern here were such things as diagnosis, therapy, interdisciplinary cooperation and program administration.

3. The specifity of areas of knowledge required were presented by the spokesmen of some of the groups such as: knowledge of basic language processes including knowledges of coding process, encoding, decoding, etc.; knowledge relating to anatomy and physiology; knowledge of learning models; knowledge of the environment, particularly the communication environment of person; knowledge of broad management of communication disorders such as resources for additional assistance, allied disciplines, information about specific disorders, follow-up, etc. There was also concern with such things as practicum experiences, internship, training in, administration and supervision.

Fishbowl Two

Review of the various curricula presented.

A. Degree levels

1. BA degree--should not be intended as training of the subprofessional--also not designed to take more than four years--not a terminal degree for a professional--should not preclude some professional training which should begin at some point during the BA program. It should be a liberal arts education with emphasis on the normal, biological, psychological, sociological, etc.; skill in oral and written communication; some involvement in the clinical program.

2. MA degree--should be emphasized that a given level of academic training is not presumptive of competence--not synonymous with being a master clinician. Terminal MA should not imply termination of experience or training. MA stamp of approval does not prohibit the individual from working in an area in which he does not have competence.

B. Academic plans for training

1. One plan would incorporate at least two different curricula leading to different goals. One track would provide a curriculum with specific experiences which would produce a person capable of working with some types of problems in certain types of job settings and might be accomplished in a two-year curriculum. Students

taking this could come back into the four year curriculum at any time desired. The other track would be a four-year curriculum which would lead to a graduate program and eventually produce a fully professionally trained individual.

2. In another plan a type of branching model was presented . Essentially there is the trunk of the curriculum which all students take and then at some point in their careers they branch to specifics which prepare them for the level of the field they wish to enter.

3. The professional school model was also considered which would include the liberal arts BA followed by professional training at post BA level--

C. Additional curricula ideas

1. The European approach to specialized training with no academic base.

2. A professional school for the training of speech and hearing clinicians.

3. Design a sixty-hour program in clinical work and put it into a junior college.

D. Things the curricula should provide for--suggested by different participants

1. Broad base for both preprofessional and professional training--learning theory, behavior modification, etc.

2. Early exposure to clinical practice.

3. Early use of the master teacher or clinician for the students to observe and work with.

4. Curriculum that insures in the student the ability to be adaptable and flexible in clinical approaches, the ability to think, the ability to look at research and make judgments about it and look critically at it.

5. Curriculum that looks at the student and what he brings to the program--his deficits and assets. This could involve a series of possible curricula modified to suit the needs of training. It would be flexible. Courses would be prescribed on an individual basis for each student after ascertaining his curricular and experiential strengths and weaknesses.

E. Problems of developing flexible and innovative programs

1. With single level of competency it is difficult to hypothesize specific levels of training. Present certification levels restrict innovation. It would be difficult to structure and implement experimental training programs because of the need to help students meet and fulfill ASHA and state certification requirements.

2. With few generally accepted criteria for evaluating competency it is difficult to structure experimental programs. There are few ways with which to judge the efficacy of what is going on.

3. One reason for the limitation is our past concept of ourselves in speech pathology and

audiology. We think we are limited in our field but we have never tried the limits.

F. Support for innovation

1. Several of the governmental agency representatives indicated that they had support available for experimental programs of training.

2. One representative indicated that an experimental multi-disciplinary teaching program was operative and he predicted that BA persons going through this program would be better trained than many MA and PhD level persons we have now.

Fishbowl Three

To some extent this fishbowl probably summarized most of the feelings engendered by the entire conference.

A. Paramount among these ideas was the problem of determining competencies and the lack of objective data on competency. Among the problems enumerated were such things as:

1. Dissatisfaction with the undergraduate programs as they currently exist but difficulty in pinpointing these dissatisfactions. People look at it as if it were a closed program; in reality it is a very open program and should be looked at that way. It can offer a number of possibilities, rather than just a single track approach.

2. Disagreement among participants as to what person is competent. It was suggested that a study

of competencies be done and then products of training programs with varying levels of training should be measured against the standards evolved from such a study. Evaluation will also tell us in speech pathology and audiology if we are right about our product who hopefully will aid in treatment of persons with communication disorders. Good evaluation of our current product demands a flexible vehicle to try different things and to look at the success of these.

3. People are likely to shy away from areas in which they do not feel competent and that makes evaluation or the development of a skill scale difficult. There is a tendency to use personal standards of competency rather than objectively tested competency.

B. Levels of work experience need to be looked at as guides to academic training.

1. Three-levels of experience. It was generally agreed that persons working on differing levels would not all be considered speech pathologists or audiologist, however:

a. At the first level would be the completely trained person capable of responsibility for programs of diagnosis, therapy, administration, etc.

b. At the second level would be the person who has some academic and practicum experience but who is not capable of working independently--must have supervision.

c. At the third level would be the person, not necessarily college trained, who would work only under close direction.

2. There is a core for the undergraduate program but the degree of the depth of the core would depend on the person--what he brings with him when he enters the program and what he wants to be when he leaves the program. Part of this core would include practicum but there must be a great deal of flexibility in the program in order to keep up with the changing demands.

3. The subject of the relationship between competencies and degrees was referred to frequently. There has been a degree level (MA) specified as basic to competency but the participants felt the need to discover competencies not related to degree levels.

C. And lastly in the final fishbowl, there was still the cry for experimentation and flexibility.

1. Hindrances to this experimentation and flexibility:

a. The impossibility of training students to be creative and innovative when they are locked in a course and degree type of pattern. The interest here was in the personalized program.

b. ASHA requirements and funding agencies (who insist on ASHA standards for funding a program) are preventing the strengthening of the undergraduate program. In fact they

are probably causing the dilution of some currently existing undergraduate programs.

2. Suggestions for improving experimentation and flexibility:

   a. Measurement of competencies of products of both experimental and traditional programs could come from the federally funded consumer who can assess the product at various levels.

   b. Funds available from special projects in practically all agencies for a truly innovative, productive, experimental program.

   c. There must be standards within the flexibility. The profession will move backwards if there are not standards within the experimental, innovative program.

D. Fishbowl Three--famous last words--

   1. The participants should not leave the conference with the idea that the BA degree is back in vogue.

   2. One of the results of the conference is that there are a number of new things to look at.

   3. We do not have the final word, nor can we live with what we have talked about for the next twenty-five years. We need to look at ourselves and what we do in all work settings and continue the dialogue with others.

Mixed Group Summaries

In this section will be listed the summaries of the two-and-a-half days of discussions of each mixed group. There are probably two or three procedural things that need mentioning here. One is that the groups had only the final morning of the conference to talk about implementation and also to organize the group consensus, which may have put a little pressure on the facilitators. Another point is that the groups were given no format in which to submit their consensus reports, consequently there are some differences in form of presentations. Additionally, although it was suggested that the groups attempt to present the consensus of each day's discussion (for example, what the group said about skills and knowledges, curricula and ways of implementation) there was no rigid rule concerning content of these group summaries. Before the final compilation of this report, drafts of the final summaries were mailed to the facilitators to make any changes before publication.

An overview of these reports reveals somewhat more specificity of comment than was possible in the fish-bowls. Therefore there is an attempt in some of these summaries to be rather detailed as to skills, curriculum, etc. It is certain that not every member of each group agreed to this final summary but the summaries hopefully represent consensus.

Group I.

Part One. Discussed the knowledge and skills which the end product of any professional training program should have including:

The profession of speech pathology and audiology requires demanding responsibilities, a high level of skills

and abilities, and a breadth and depth of knowledge and information essentially comprising the following:

I. Ability to identify and evaluate disorders of communication and recommend the types of therapeutic services needed. This requires knowledge of:

   A. Normal growth and development.

      1. Knowledge of development of speech, language, and hearing processes, physical growth and development, and development of personal and social behavior.

      2. Knowledge of anatomy, physiology, and acoustics of speech and hearing processes.

      3. Knowledge of the nature, structure, and function of language.

   B. Theory, etiology, nature and treatment of communication disorders of speech, hearing and language.

      Knowledge and skills in the administration of tests, and the techniques and procedures for diagnostic evaluation of speech, language and hearing disorders.

II. Ability to provide management of and specific services to the person with communicative disorder, his family, and his environment.

III. Ability to communicate with and utilize community resources in the identification, evaluation, and recommendation of communication disorders.

   A. Knowledge of the types of therapeutic programs (Medical, Education, Agency) which are available for benefit of the patient.

IV. Ability to inter-relate with professional resources, including medical, dental, health, educational, and rehabilitation services.

V. Ability to organize, administer, and supervise a speech and hearing program in any setting in which one may perform.

VI. Ability to make contributions to the advancement of his profession, including research and library studies, and community services.

Part Two. Considered if there should be any undergraduate training programs since graduate programs can accept good B.A. and B.S. graduates and train high level professionals in one to two years:

After reassessing the present stage of the profession of speech pathology and audiology, we affirmed that there is a need for undergraduate professional training in the field for the following reasons:

1. Recruitment of personnel to work in the field.
2. Establishing a base for graduate training.
3. As a means of providing additional services in the field.
4. For efficiency in training the professional.
5. In order to guide students into different aspects of the field.
6. To provide a more competent professional.

Accepting the principle of the need for undergraduate programs, we concluded on the basis of our experience and the conference discussions that any undergraduate program should include some education in all the following significant areas.

1. Speech and hearing science
2. Growth and development
3. Behavioral processes
4. Disorders of communication
5. Knowledge and utilization of related professions
6. Practicum
7. Language

8. Organization and administration of programs.

Part Three. Discussed possible specific recommendations for content of undergraduate professional programs and concluded:

We have come to believe after three full days of discussion that no specific program of undergraduate professional education should be recommended at this time for there are major issues which must first be resolved including:

1. The validity of the present master's degree requirement for all levels of clinical practice in the profession.

2. Future demands upon the field related to changing patterns of education, special education and health, clinical and rehabilitative services which may change the nature and expand the roles of clinical practioners in our profession.

3. Considerations of population growth and distribution which clearly demand increased numbers of clinicians not being met by present programs.

4. Dramatic changes in the expectations and nature of our society and universities demanding practical student and community involvement in decision making.

5. Our responsibility to provide career opportunities for graduates of any undergraduate professional training program.

Therefore, in the light of the unresolved issues, we recommend that Federal and state agencies and foundations support studies and demonstrations of innovative programs to determine the nature of professional training programs which will best enable the profession to serve the public.

Further, we recommend that the profession itself undertake such studies and demonstrations in cooperation with

universities and other agencies including a critical comparative study of the relative competency of graduates of terminal undergraduate programs as developed in England and Scandinavia.

Group II.

POINTS:

1. It is feasible and may be desirable to offer a B.A. curriculum which would provide the person with a liberal arts orientation, academically derived information in speech pathology and audiology and experiential information derived from supervised clinical observation and practice.

IF HE TERMINATES STUDY

A. It is expected that this person may function as an assistant--will work under supervision--will be limited with respect to decision-making.

B. A title designation other than speech pathologist or audiologist must be identified.

C. This person must be clearly differentiated from that individual who holds the Certificate of Clinical Competence. This differentiation must be clear to the person thus trained, to his employers, to his clients and to all other interested parties.

D. The curriculum should provide for upgrading of the person if he wishes to continue his education.

PURSUITS IN THE TRAINING OF SPEECH PATHOLOGISTS AND AUDIOLOGISTS

1. Adapts to new concepts.
2. Adapts to changing patient needs.
3. Evaluates normal function.
4. Evaluates abnormal function.
5. Prevention
6. Ability to communicate.
7. Can counsel.
8. Skills and understanding in means for changing behavior.
9. Ethics.

10. Personality and potential of the therapist.
11. Can function in various clinical environments.
12. Knowledge of instrumentation.
13. Appreciative of activities of other learning disciplines.

WE QUESTION THE FEASIBILITY OF EXPECTING THESE COMPETENCIES TO BE ALL TAUGHT IN THE B.A. CURRICULUM AND THIS LIST IS INCOMPLETE

PROGRAM DESIGN

1. CLOCK HOURS
   A. 1/3--1/2 of current ASHA requirements.
   B. Under ASHA certificate holder master clinician.
   C. Direct client involvement.

2. SPEECH AND AUDIOLOGY AREAS
   A. Normal development.
   B. Abnormal development.
   C. Evaluation procedures.
   D. (Re)habilitation procedures.

3. ACTIVITES
   A. Clinician.
   B. Administration.
   C. Research.
   D. Academician.

4. EMPHASIS ON MATH, PHYSICS, PSYCHOLOGY, LINGUISTICS IN GENERAL LIBERAL ARTS SETTING.

5. Talked about presentation of courses in process form (see below) rather than disease oriented approaches--thus allowing neurological and neuromuscular, acoustical, psychological, behavioral aspects to be studied in an integrated way.

6. Clinical methods should be taught in the same way.

COURSE PROCESS FORM

1. Methods of changing behavior.
2. Process of relating to others.
3. The learning process and scientific inquiry.
4. Transfer application of information acquired.

Group III.

STATEMENT OF PHILOSOPHY

We affirm the need for a sound liberal arts base which we would assert should be flexible both in pattern and in timing. We seek this flexibility because it is in accord with basic liberal arts philosophy and because it is essential to the flexible approach we affirm for undergraduate preparation for the profession.

In some cases this calls for flexibility with respect to the amount of the requirements; in other cases this implies the possibility of earlier professional preparation and later liberal arts exposure. The recognition of pre-college achievement is a desirable part of this flexibility.

We believe that the objective of the Conference was the improvement of undergraduate education. Improvement often requires change--change of philosophy, change of objective, and change of approach.

The philosophy formulated is: We are in a society that is in rapid, continuous, evolution. Therefore the undergraduate educational process must prepare the student to be an effective problem solver. This is true for all disciplines if they are to meet the ever-changing demands of society. This objective is benefited through flexible educational programming.

AREAS OF AGREEMENT

1. Undergraduate programs have the right to be different, flexible and innovative, and should exercise that right.
2. Undergraduate training programs of different types should be evaluated in terms of their effectiveness (contributions) to professional training programs.

3. Professional groups, departments, and organizations involving certification programs and approval of personnel should encourage this necessary flexibility to allow 1 and 2 to occur.
4. Consensus-Master's level professional training does not preclude the utilization of individuals in speech pathology and audiology in whom training is less than graduate level. This statement implies support of the use of subprofessionals or aides, and encourages the involvement of the undergraduate in clinical activities under the direction of the master clinician.
*5. Opportunities for early involvement, continuing and increasing responsibility in clinic practice in an undergraduate program is recommended in order to:

    (a) Improve the selection of trainees
    (b) Heighten interest of students
    (c) Make theory more meaningful
    (d) Reduce attrition from the profession
    (e) Provide opportunities for counseling persons in/or out of the profession

6. We recognize broad areas of endeavor in speech pathology and audiology; therefore, different tracks are appropriate. These may have commonality but "core" should remain flexible within each general track.

EXAMPLES OF BROAD AREAS OF TRAINING

1. Normal Development
2. Communication process
3. Basic Science
4. Introduction to the disorders.

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*"Every study in professional education has found that the longer practicum is delayed the greater the attrition of students. The greater the delay the greater the frustration and hence the greater the attrition." Dean Heller.

7. Financial support for comprehensive and qualified supervision of trainees and workers at all levels is lacking and necessary. This statement has general application at the agency, institutional, community, state and federal levels.

IMPLEMENTATION

Implementation of this philosophy is essential at all levels of professional endeavor.

Individual Level

Each participant in this conference has the responsibility of reviewing his own activities and program. In addition he should work toward bringing about constructive innovation at all levels of professional activity.

State Level

Within State Agencies and state speech and hearing associations committees should be formed to continue the impetus of this conference. Such committees should include a broad spectrum of persons representing the various areas such as the consumer, the educator, the student and so forth.

State certifying bodies should be encouraged to provide means for planned experimentation and change in state certification regulations.

State organizations should support state conferences, workshops and other opportunities to discuss the topics of the conference.

National Professional Organizational Level

A re-evaluation of professional certification standards is recommended to encourage innovation in the preparation of professional personnel.

The National Office of ASHA is urged to seek funds to support regional conferences, workshops and other opportunities to expand interest and discussion on the theme of this conference.

Federal Level

Urge that federal agencies reexamine and modify present policies and procedures to bring about the support of innovative changes recommended at this conference.

We call their attention especially to the great need for support of supervision in professional training--providing salaries for supervisors in training and service programs.

Other needs they should consider are:

a) development of experimental and demonstration programs;
b) making model centers available to students from wide geographic areas;
c) coordination and dissemination of information from other disciplines;
d) providing funds for work-study involvement in professional activities at all levels i.e. summer employment for high school graduate on up.

Institutional Level

We affirm the necessity of a liberal education as a base for professional education.

Ways of using interdisciplinary approaches in program design should be sought.

Speech pathologists and audiologists on university faculties should attend all faculty committee meetings concerned with curriculum design.

Agencies outside the college and university should be used in preparing students at all levels of training.

The lock-step teacher-training approaches currently used should be discouraged.

Educational media should be utilized to enrich lectures and free the instructor and students from the classroom.

Students should have early experiences in professional activities under guidance of professional supervisors.

A low student-teacher ratio must be accepted in clinical supervision.

Early and continuous counselling of all students is necessary to selection for the profession. Student advisors might serve effectively as adjuncts to faculty.

Group IV.

The group distinguished between pre-professional and professional education. We agreed that the baccalaureate degree should not be considered a terminal degree. The primary thrust of the undergraduate education should provide training in basic areas such as physical, social, natural sciences, and the humanities. In order that the graduate program result in an improved rather than merely a postponed program, some professional training should begin at the undergraduate level.

The group discussed the competencies which speech pathologists and audiologists should possess. The consensus was that some of the following are necessary:

1. To understand the process involoved in the normal development and use of language and speech. At the undergraduate level formal course work should be given in developmental psychology, anatomy, voice science, phonetics, linguistics, and communication theory. This should be supplemented by directed observation of human behavior.

2. To identify and evaluate significant deviations from the normal. At the undergraduate level we recommend that a survey course in speech, hearing, and language disorders as well as practicum experience be included.

3. To modify speech and language behavior. At the undergraduate level, students should be exposed to course work in learning theory and behavior modification.

4. To communicate effectively. Students should be expected to take courses in English composition and basic speech during the first two years of the program.

5. To assist in the development and application of reasearch. As a first step toward this competence, we consider that undergraduate students in speech pathology and audiology would profit from an introductory course in experimental methodology relevant to speech and hearing.

6. To maintain effective human relations. Since clinical work involves human encounter, specific training in the ability to understand self and others is essential at the undergraduate level.

Continued development of the above competencies is expected at the graduate level. While some exposure at the undergraduate level may be a necessary concomitant of the students' experience, development of the following competencies are largely a function of the graduate program:

1. To understand and work effectively with disciplines (i.e. medical, psychological, educational)

2. To know and utilize facilities of the community

3. To provide the public with information about communication disorders.

4. To organize and manage programs.

5. To supervise and train personnel.

6. To plan and make effective use of systematic evaluation procedures for the program.

As a group, we continually recognized the diverse programs for which speech pathologists and audiologists are being trained. We agreed that programs must provide adequate flexibility. It should be sufficiently broad to allow for individual interests and needs.

Group V.

1. We believe the concept of total dependence on the all-purpose professional (the "one-type," "uniperson") is unworkable.

2. We see a critical necessity for a definition of levels of competency, analysis of job settings and needs to be filled.

3. We see three basic preparatory models:

   a. The "Single Track Career" Model

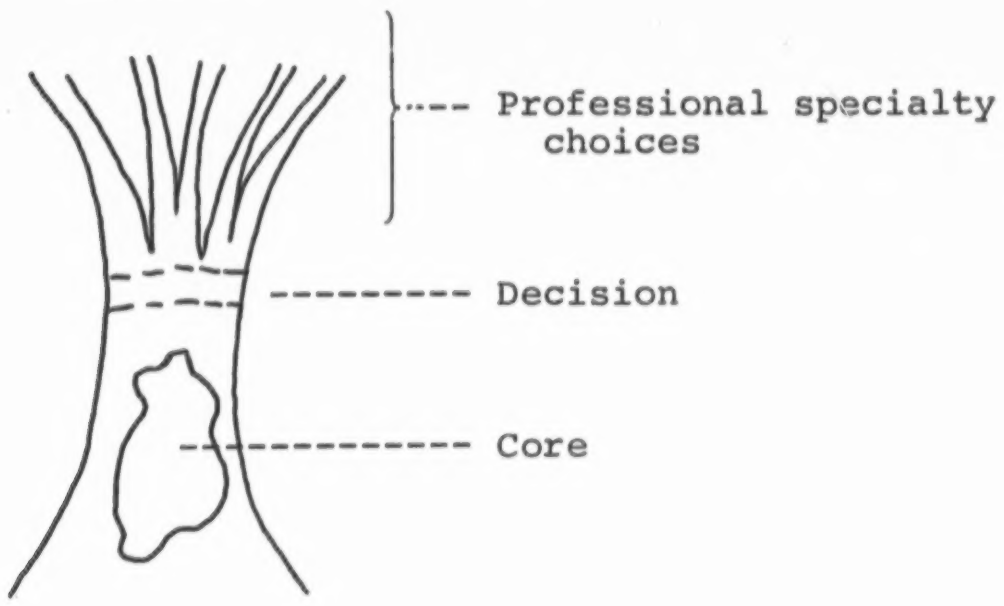
      This entails discrete tracks of training which require specified competencies and lead to the filling of specific needs:

TRACK (Training)	COMPETENCIES	NEEDS FILLED
I	a-c*	1-3*
II	d-k	4-10
III	l-x	11-73
⋮		
n	y-?	74-?

*For illustrative purposes letters and numbers represent hypothetical competencies and needs.

Within the "Single Track-Career" Model, undergraduate preparation may be totally absent at some levels of functioning. On other tracks it may resemble the previously described core, or parts of it.

b. The "Core ⟶ Branch" Model



The nature of undergraduate education will vary among these three models. With the "Core ⟶ Branch Model" we see emphasis on:

a. The learning processes

b. Information input-output (communication in its broadest sense)

c. Human growth and development (including structure and function)

d. Society and how the individual relates to it and interacts with it

e. Physical sciences--how the individual relates to his physical environment

f. The profession(s)--an understanding of speech and hearing and other professions--by individual function and interaction

g. In addition, within the core pattern we endorse a concept of educational procedures which includes:

(1) classroom exposures (traditional didactic)

(2) laboratory exposures (applications of the abstract)

(3) direct interpersonal experience

These three educational approaches are applied throughout the core program.

We do not feel we can or should designate the year by year "core" sequence or its duration at this time.

c. The "Professional School" Model

With the "Professional School" Model undergraduate education becomes a liberal arts and sciences education. The two major goals are:

a. The educated man

b. Basic readiness for professional study

4. Implementation of any new concepts(s) in education is seen by our group as having three possible routes, separately, or more likely, in combination:

   a--Legal rules, regulation, etc.

   b--Selective expenditure of federal and other nationally awarded funds--"federal enticement"

   c--Models which are conceptually and logically appealing in and of themselves

However, a basic question remains! What should we implement with respect to undergraduate education in our profession?

This question remains unanswerable until a body of hard data are obtained. That is, we cannot generate improved models of undergraduate preparation in our profession on a foundation of untested assumptions and "armchair" speculation!

Group VI.

Basic core of knowledges, skills, and experience in speech pathology and audiology:

1. preventative
2. assessment
3. diagnosis
4. therapeutic
5. evaluation

} General. These go across the board in speech pathology and audiology.

The decisions we make as an audiologist and speech pathologist go beyond the disorder thus we need to have a broad background such as gained in a liberal arts type of training. There is a need for a liberal education.

Basic core of knowledge, skills, and experiences: (specific)

basic concepts of human development
physics of sound
anatomy and physiology of speech and hearing mechanisms

personality system
group system
organization system
community system
language
    phonetics
    introduction to linguistics
    semantics
basic clinical skills
basic audiology for speech pathology (is the present 6 credit minimum too low?)
basic speech pathology for audiology (is the present 6 credit minimum too low?)
epistomology
ability to question
ethnic and cultural differences
abnormal and normal speech and language development

Age of the client, the type of disorder, and the type of setting in which the clinic works must be considered in preparing the fully trained clinician.

I. Assumptions

A. Bachelor of Arts (undergraduate preparation)
   1. Not intended to cover sub-professional (re this conference)
   2. Not greater than a 4 year program
   3. Not terminal degree
   4. Not preclude beginning of professional training (professional training could begin in BA)
   5. Not only to Speech and Hearing (could lead to other professions)

B. Master of Arts
   1. A given level of academic training not presumptive evidence of competence in a given area (research, or clinical area i.e. aphasia). Learn slowly Not learn by degrees
   2. MA is unequal to Master Clinician (all areas, ages)
   3. Experience (+ training + reading the literature + qualifications) needed to become Master Clinician
   4. Terminal (MA) degree does not imply termination of training (short course, reading the literature)

5. Stamp ("CCC") does not prohibit individual's working in area of limited competence

II. Kinds of Education for undergraduate
A. Liberal arts and sciences
Humanities
Social Sciences
Basic Sciences
Physical Sciences
(Physiological, Psychology)
} Add these to the general areas in Max Norton's article re: preprofessional

ON WHICH APPRECIATION OF "NORMAL" DEPENDS
B. Pre-professional--see list of areas of learning (NOT equivalent with courses on 1:1 basis) in ASHA Special Report #5
Stanislaus State College--per Norton
C. Professional training: Include
1. Focus on "Deviations from Normal": communication and other (How much difference makes a difference: i.e. disability-handicap)
2. Student qualities: ability, skill in oral, written expression of language.
3. Start on continuum of "self-realization."
4. Include involvement of patient with Master Clinician

Training program needs to pull together the knowledge taught so the student can know "where he is going" when he is employed.

Information regarding work environment should be interjected into the training or preparation program.

Certain disorders can be treated more effectively at a particular time in the clients development and/or rehabilitation process (i.e. stuttering before age 7 or after age 13)

incidence
prognosis
nature and extent of need
} factors to be condidered in the rehabilitation process

Career counseling should be an important factor in undergraduate and graduate programs. We do little of this now!

Implement exposure and understanding of environment by: Superior, formal instruction, person in charge of tiny program should be aware of these facilities.

What we are not--this message also needs to be given.

Should not assign a certain number of units or requirements for all students, to answer the problem of undergraduate training.

Why do some students who go to graduate school need to take courses which they have had already? This is one reason we need to set some "standards" at the undergraduate level.

Liberal Arts--Pre-professional--professional training need not be the sequence. Should be overlap from any one area to another.

Less lecturing and more involvement of students.

Group felt that the neeting (conference) was a success because we did have an opportunity to hear the views of the consumer, trainer, university deans, government representative, etc. We have not solved the problems of undergraduate education but we have learned more about each.

Group VII.

Two tracks are necessary:

I. Leading to full qualification as a clinician.

II. Leading to less than full qualification (must work under supervision, may return to complete education for full qualification).

There is a common core--all students on either track should have:

1. Information regarding basic behavioral processes.

2. Information necessary to understanding the mechanisms with which we are dealing.

3. Information regarding broad case management aspects.

4. Information regarding deviant behavior.

5. Survey regarding specific communication disorders and their management.

6. Necessary observation and participation to make principles meaningful.

TRACK I. Proposed undergraduate areas which lead to professional degree (MA).

1. Tool subjects--mathematics--statistics

--personal communication skills

--tests and measurements

2. Information regarding basic behavioral processes

a. Systems which take in, integrate, and put out information

--sensory, motor, cognitive

b. Developmental behavior

--child, adult, geronotology

--personality

c. Parameters of the core

--psycholinguistics

--socio-linguistics

--psycho-physical phenomena

--phonetics

--information theory

d. Deviant behaviors

3. Information regarding milieu of individual (home, school, job, neighborhood, etc.)

--sociology

--anthropology

--social psychology

--philosophies on structures of educational systems

4. Information necessary to understanding the mechanisms with which we are dealing.

   --biology plus physiology

   --anatomy plus physiology of vocal mechanism

   --anatomy plus physiology of auditory mechanism

   --neurophysiology

   --genetics

5. Information regarding learning models which would be effective

   --learning theory

   --reinforcement systems

   --methods of conditioning

6. Information regarding deviant communication

   --information regarding articulatory, phonatory and auditory disorders

   --dialectical differences

   --basic practicum

7. Information regarding broad management aspects

   --resources available

   --disciplines needed

   --field experience

8. Survey regarding specific disorders and their management

TRACK II. Proposed undergraduate areas which need not lead to full professional qualification, but may do so with further training.

General Statements:

1. Training in speech pathology and audiology is not an add-on to education or any other professional area.

2. Track II people need some but not full understandings of areas indicated.

3. Track II people will not be able to operate independently; will operate under a master clinician.

4. Training for Track II is restricted to specific areas rather than across the board.

Implementation:

1. It is agreed that a person who intends to or is forced to terminate his training at the BA level or a person who intends to continue training to a professional level should be required to follow the core curriculum.

2. It is agreed that training in speech pathology and audiology at either the graduate or undergraduate level should not be considered an "add-on" to other training programs such as education, speech arts, etc.

3. It is agreed that different models of training programs should be established on a study basis to evaluate the competences and skills of the training product.

4. It is agreed universities should assume responsibility to advise and encourage the states to entertain several models of training and to consider appropriate changes in certification. This effort should be coordinated with other personnel, and with the state associations, and does not assume that speech and hearing personnel from other than university backgrounds do not have responsibility to initiate such activities.

Group VIII.

I. The clinical practitioner in speech pathology or audiology performs one or more of the following four functions:

1. Diagnosis
2. Therapy
3. Supervision
4. Administration

II. There are three levels of clinical competence:

1. The fully qualified clinician; this person is competent in all four functions listed above, namely diagnosis, therapy, supervision, and administration; as a minimum, he will have completed the equivalent of the present course-work and practicum requirements for the Certificate of Clinical Competence including the one year internship, plus training and/or experience in supervision and administration; he will be knowledgeable about a wide variety of case types and ages.

2. The qualified clinician (Grp VIII was not sure what to call this person but their intention was clear, that is, a level of competence falling between the fully qualified clinician and supportive personnel); this person would not be expected to function in the areas of supervision and administration and would do diagnosis and therapy under the supervision of a fully qualified clinician; he would hold at least the Bachelor's degree, would not have completed the one-year internship, and would probably work only with the frequently occurring disorders.

3. Supportive personnel; this person would do nothing in the way of diagnosis, supervision and administration but would perform certain therapy functions; he would work under the direction of a fully qualified clinician; he probably would not have a college degree and, indeed, perhaps would have no college training at all; his training could take place in a college setting or in a clinical setting and could range from a couple of months to a year or more.

III. The American Speech and Hearing Association should recognize the fact that there are varying levels of

competence and should provide for such levels within its clinical certification procedure.

This means, for one thing, that the performance of clinical duties would not be confined to only those with a Master's degree. In addition, the Bachelor's level person or the person with no college work may also work in a clinical setting as defined above.

IV. The following are suggested as minimum lists of competencies in diagnosis and in therapy:

A. Diagnosis

1. Interviewing
2. Testing-paper and pencil tests and equipment
3. Interpretation of diagnostic findings
4. Recommendations for management
5. Referral
6. Knowledge of community resources
7. Supervision of qualified clinicians
8. Utilization of research
9. Administration

B. Therapy

1. Use of test results
2. Counseling-individual and group
3. Case selection
4. Therapy methods-including operant procedures
5. Use of allied professions
6. Supervision of qualified clinicians, direction of supportive personnel
7. Knowledge of community resources
8. Case dismissal
9. Utilization of research

V. Training institutions should provide course work and/or practicum in the following areas which too often are neglected.

1. Pre-academic educational training and diagnosis and therapy of the language problems of the language impaired child of preschool age.

2. Training in supervision and administration.

3. Sufficient opportunity to observe the "master teacher" doing diagnosis and therapy.

4. Counseling-individual and group-with patients, family members, teachers, etc.

5. How to relate effectively with other professions.

6. How to relate effectively with disadvantaged groups--economically, racially, culturally.

7. Developing the sensitivity of clinicians to promote greater understanding of self and others, and greater effectiveness in working with others.

Group IX.

1. There are two schools of thought: "old" BA--OK
   MA--is a must

2. Why the divergence?
   a. Possibly because we don't really know how competent or incompetent our people are from the point of view of patient.

3. Can't give an answer to what is undergraduate program till we find out how effective they are as:
   a. terminal
   b. feeders

4. Suggestion:

   a. Why not some terminal
   b. Some feeders
   c. Research problem of competency

5. Suggested approach for non-terminal

   a. Three levels

      1. General A & S

      2. Emphasis on Social Sciences
         Psychology--Sociology--Human Relations

exposure to experience

3. Speech and Hearing

Option A	Option B
"Professional Content"	"Normal--Speech and Language" Physics--Acoustics Linguistic, etc.

Feed to MA in
Pathology--and--Speech Science

1. 3 levels of course programs B.A.

   a. Required by college
   b. Inter & intra-personal
   c. Skills

2. B.A. is conceived as a "G.P." in Speech Pathology and Audiology with its own inherent and accepted level of competency.

3. B.A. leads into M.A.--the "specialist" area (i.e. more sophisticated training)

4. Students without background go either "B.A." or if M.A. is required must make up deficit in background.

5. The B.A. in "Speech and Hearing" will be the G.P. level. "Until ASHA again recognizes the B.A. as a person competent in basic communication skills in all settings then how can we expect state programs to accept the B.A. level "G.P."

Consultation:

The B.A. would be expected to seek out consultation with individuals with competence in special areas in communication disorders.

Assumption:

BA--old no; new ok
MA--Must

Solutions:

Better BA
License--competent--regardless of degree
Internship--and funding of better teaching methods and approaches

Want to scrutinize present BA before scratching it.
Research the problem of competency

III. QUESTIONNAIRE-STRUCTURE AND CONTENT OF CONFERENCE

In order to learn more about the individual reaction to the structure and content of the conference, a questionnaire was sent in May 1969 to each of the participants.[1] The questionnaire requested specific information about the following three areas:

Classification of Participants,

Structure of Conference, and

Content of the Conference.

Of the 88 participants, 76 (86%) responded quickly enough to be included in this report. Prior to analyzing the data, all questionnaires were edited for accuracy and completeness. Comments were included when the editors deemed that such comments aided in the interpretation of numerical data.

General Characteristics

Table I shows the overall distribution of responses to each of the four questions concerning primary area of employment, role at conference, sex and age. Some general observations can be made concerning the data.

Participants were chosen on the basis of their relationship to speech and hearing personnel both as educators

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[1]Members of the planning committee did not participate in the questionnaire.

Table 1. Description of participants on the basis of primary area of employment, role at conference, sex, and age (N = 76).

Variable	Number	Percent of Total
Primary Area of Employment		
Federal, State, County and City Agencies	15	20
Graduate Programs of Training in Speech Pathology and Audiology	21	28
Undergraduate Programs of Training in Speech Pathology and Audiology	14	18
Public School Speech and Hearing Therapists	11	14
Community and Hospital Speech and Hearing Clinic	10	13
University Presidents and Division Heads	5	7
Total	76	
Role at Conference		
Consumer of Products of Speech and Hearing Programs	24	32
Producer of Products in Speech and Hearing Programs	36	47
Facilitators	16	21
Sex		
Male	57	75
Female	19	25
Total	76	
Age		
20-29	2	3
30-39	18	24
40-49	38	50
50-59	14	18
60 and over	4	5
Total	76	

or employers of persons in the field. A little more than half (53%) of the participants described their primary level of employment as educators engaged in some phase of training personnel in speech pathology and audiology.

Each participant, depending on area of employment, viewed himself as a Producer (educator involved in training speech pathologist or audiologist), or as a Consumer (the employer of a speech pathologist or audiologist).

Although women outnumber men 3 to 1 in membership in ASHA,[1] men outnumber women 3 to 1 on college and university faculties, and a greater disparity between men and women exists in levels of training. The male participants at this conference (75%) reflect these differences.

The disproportionate number of participants of ages 40 and above (73%) would be expected since the participants represented key personnel in each of the geographic areas.

Structure of the Conference

Table 2 gives a distribution of responses to questions concerning the structure of the conference. The questions were phrased to elicit the amount of satisfaction or dissatisfaction the participants experienced. There was overwhelming satisfaction with organization (89%), clear procedural plan (78%), evidence of preparation on the part of the planning committee (98%), equal opportunity among all particpants to contribute, (89%), evidence of advance

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[1]David P. Campbell, and Hildred Schuell, "The Vocational Interests of Women in Speech Pathology and Audiology," Asha, 9, 67-72 (1967).

Table 2. Response to Section II: Structure of the conference by total number of participants responding to questionnaire (N = 76).

Variable	Participants	
	Number	Per Cent of Total
The conference seemed to be well organized.		
Definitely yes	27	35
Yes	41	54
No	7	9
Definitely no	1	1
No response	0	0
The procedural plan of the Conference was clear		
Definitely yes	21	28
Yes	38	50
No	15	20
Definitely no	2	3
No response	0	0
There was evidence of preparation and planning for the Conference on the part of the planning committee.		
Definitely yes	42	55
Yes	33	43
No	1	1
Definitely no	0	0
No response	0	0
There was evidence of preparation and planning for the Conference on the part of the participants.		
Definitely yes	8	11
Yes	48	63
No	19	25
Definitely no	1	1
No response	0	0
The way in which the Conference was conducted was appropriate for the subject matter concerned.		
Definitely yes	18	24
Yes	31	41
No	16	21
Definitely no	9	12
No response	2	3
The physical facilities were conducive to the work of the Conference.		
Definitely yes	19	25
Yes	54	71
No	3	4
Definitely no	0	0
No response	0	0
The design of the Conference gave equal participating opportunity to all participants.		
Definitely yes	27	35
Yes	41	54
No	7	9
Definitely no	0	0
No response	1	1

Table 2 (continued).

Variable	Participants	
	Number	Per Cent of Total
The facilitators moved the discussion along in a profitable manner.		
Definitely yes	16	21
Yes	39	51
No	16	21
Definitely no	2	3
No response	3	4
The observers constituted a distraction to the group process.		
Definitely yes	5	7
Yes	16	21
No	37	49
Definitely no	17	22
No response	1	1
I felt that I did my best work in the matched group		
Definitely yes	8	11
Yes	15	20
No	39	51
Definitely no	8	11
No response	6	8
I felt that I did my best work in the mixed group.		
Definitely yes	21	28
Yes	36	47
No	13	17
Definitely no	2	3
No response	4	5
My experience in the mixed group gave me a better understanding of the other fellow's viewpoint.		
Definitely yes	26	34
Yes	40	53
No	9	11
Definitely no	0	0
No response	1	1
The fishbowls contributed to the cohesion of the Conference.		
Definitely yes	3	4
Yes	22	29
No	33	43
Definitely no	15	20
No response	3	4
The fishbowls kept participants informed as to the discussions of all groups.		
Definitely yes	1	1
Yes	35	46
No	29	38
Definitely no	10	13
No response	1	1

planning on the part of the participants (74%) and adequate physical facilities (96%). Sixty-five percent felt that the structure of the conference was appropriate to the subject matter concerned. A little less satisfaction on the part of the participants was found in the function of facilitators (62%). The response concerning grouping is interesting. Seventy-five percent expressed satisfaction with the mixed groups. The use of the fishbowls was a less satisfying experience for the participants. Only 33% felt that the fishbowls contributed to the cohesion of the conference, and only 47% felt that they kept the participants informed of the discussions going on in groups other than their own. Seventy-one percent felt that the observers did not constitute a distraction to the group process.

Content of the Conference

Level or Levels of Preparation Necessary to Achieve Skill to Function as a Speech Pathologist or Audiologist

The response of producers and consumers are shown on Table 3 and Table 4 respectively. For ease in discussion Table 3 and Table 4 will be compared. Producers and consumers were cautious in designating the undergraduate level as adequate preparation for the necessary skills. Their responses ranged from 0% to 3% on items concerning designing research procedure to organizing, administering, and supervising a program. Consumers and producers were fairly consistent in indicating a need of graduate preparation. In proportion, the percentage of consumers that deemed the graduate level necessary to achieve skills was greater than the percentage of producers. (Exception, areas concerning

Table 3. Response of the producers of speech pathologists and audiologists to Section IIIA: Content of the conference--levels or levels of preparation necessary to achieve skill to function as a speech pathologist or audiologist (N = 44).

Variable	Undergraduate Training		Graduate Training		On-Job Training		Undergraduate plus Graduate Training		Undergraduate plus On-Job Training		Graduate plus On-Job Training		Undergraduate, Graduate and On-Job Training		No Response	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
1. Be able to identify and evaluate disorders of communication																
A. To administer individual diagnostic speech and hearing tests	11	25	11	25	2	5	4	9	4	9	3	7	8	18	1	2
B. To interpret diagnostic speech and hearing tests to others and for use in therapy	9	20	16	36	1	2	3	7	0	0	9	20	5	11	1	2
2. Be able to implement therapy services needed																
A. To effect current therapeutic approaches for various speech and hearing disorders	7	16	11	25	3	7	8	18	3	7	3	7	8	18	1	2
B. To select materials and activities appropriate for various speech and hearing disorders	10	23	12	27	2	5	6	14	2	5	5	11	6	14	1	2
3. Be able to counsel with client, family and other concerned persons																
A. To advise concerning supportive procedures in environment other than therapy setting	6	14	20	45	2	5	2	5	1	2	8	18	4	9	1	2
B. To advise concerning problem, therapy, prognisis, etc.	5	11	22	50	0	0	3	7	0	0	11	25	2	5	1	2
4. Be able to communicate with and utilize community resources in the management of the client																
A. To recognize the need for referral to other community resources	13	30	9	20	3	7	3	7	0	0	7	16	8	18	1	2
B. To communicate the client's needs to the referral source	12	27	12	27	1	2	4	9	0	0	10	23	4	9	1	2
5. Be able to organize, administer, and supervise a program in any professional setting	0	0	26	59	6	14	0	0	0	0	11	25	0	0	1	2
6. Be able to implement research and research findings																
A. To design research procedures which will contribute to current status of the profession	0	0	31	70	1	2	1	2	0	0	10	23	0	0	1	2
B. To use research findings to improve current clinical practices	2	5	25	57	0	0	4	9	0	0	7	16	5	11	1	2

Table 4. Response of the consumers of speech pathologists and audiologists to Section IIIA: Content of the conference--level or levels of preparation necessary to achieve skill to function as a speech pathologist or audiologist (N = 32).

Variable	Undergraduate Training		Graduate Training		On-Job Training		Undergraduate plus Graduate Training		Undergraduate plus On-Job Training		Graduate plus On-Job Training		Undergraduate, Graduate, and On-Job Training		No Response	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
1. Be able to identify and evaluate disorders of communication																
A. To administer individual diagnostic speech and hearing tests	10	31	6	19	4	13	2	6	3	9	2	6	5	16	0	0
B. To interpret diagnostic speech and hearing tests	2	6	16	50	2	6	4	13	3	9	2	6	3	9	0	0
2. Be able to implement therapy services needed																
A. To effect current therapeutic approaches for various speech and hearing disorders	4	13	11	34	1	3	2	9	4	13	2	6	6	19	2	6
B. To select materials and activities appropriate for various speech and hearing disorders	7	22	14	44	0	0	3	9	4	13	1	3	3	9	0	0
3. Be able to counsel with client, family and other concerned persons																
A. To advise concerning supportive procedures in environment other than therapy setting	5	16	14	44	4	13	2	6	2	6	2	6	3	9	0	0
B. To advise concerning problem therapy, prognosis, etc...	4	13	17	53	1	3	2	6	2	6	4	13	2	6	0	0
4. Be able to communicate with and utilize community resources in the management of the client																
A. To recognize the need for referral to other community resources	8	25	8	25	5	16	1	3	4	13	1	3	4	13	1	3
B. To communicate the client's needs to the referral source	5	16	12	38	3	9	2	6	5	16	1	3	4	13	0	0
5. Be able to organize, administer, and supervise a program in any professional setting	0	0	17	53	3	9	0	0	0	0	10	31	2	6	0	0
6. Be able to implement research and research findings																
A. To design research procedures which will contribute to current status of the profession	1	3	22	69	0	0	1	3	0	0	8	25	0	0	0	0
B. To use research findings to improve current clinical practices	4	13	13	41	2	6	1	3	1	3	4	13	6	19	1	3

supervision of a program and implementing research findings). Little emphasis by either group is placed on either on-job training alone or in combination with an undergraduate level of preparation. Producers assign a greater value, than consumers, to a combination of graduate and on-job training. One could safely say that producers and consumers are in general agreement on most questions concerning level or levels of preparation where specific skills and competencies can best be developed.

Curriculum in Speech Pathology, Appropriateness of Courses at the Undergraduate or Graduate Level

Appropriateness of courses at the undergraduate or graduate level is reported in Table 5 and Table 6 and provide some concept of sequence of the preprofessional and professional courses.

Preprofessional courses. In comparing Tables 5 and 6 it was found that the producers and consumers were in agreement as to what could and should be offered at the undergraduate level of preparation. Approximately 20% of the producers responding favored preprofessional courses such as linguistics, speech and hearing science, learning theory being offered in greater depth at the graduate level.

Professional courses. The consumers' and producers' response to level or levels of professional courses in speech and hearing were not as compatible. Consumers were more prone to designate a specific level for a course and infrequently responded that a given course could be offered again in more depth at the graduate level. This perhaps substantiates some of the comments made by consumers to the effect

Table 5. Response to Section IIIB: Curriculum in speech pathology and audiology--appropriateness of courses at the undergraduate or graduate level, producers of speech pathologists and audiologists (N = 44).

Variables	Undergraduate Training		Graduate Training		Undergraduate plus Graduate Training		No Response	
	N	%	N	%	N	%	N	%
Preprofessional Courses								
Human Growth and Development	37	84	0	0	6	14	1	2
Speech and Hearing Science	31	70	2	5	10	23	1	2
Learning Theory	27	61	8	18	8	18	1	2
Basic Physical Sciences Including Biological Sciences	40	91	0	0	3	7	1	2
Anatomy and Physiology of Speech and Hearing Mechanism	35	80	0	0	8	18	1	2
Phonetics	35	80	1	2	7	16	1	2
Linguistics	25	57	7	16	11	25	1	2
Professional Courses in Speech and Hearing								
Clinical Evaluation	10	23	22	50	11	25	1	2
Stuttering	8	18	26	59	9	20	1	2
Basic Audiology	35	80	3	7	5	11	1	2
Diagnostic Audiology	1	2	41	93	1	2	1	2
Voice Disorders	8	18	27	61	8	18	1	2
Articulation Disorders	23	52	8	18	12	27	1	2
Language Disorders	7	16	25	57	11	25	1	2
Hearing Rehabilitation	13	30	19	43	11	25	1	2
Clinical Practicum	10	23	14	32	19	43	1	2

Table 6. Response to Section IIIB: Curriculum in speech pathology and audiology--appropriateness of courses at the undergraduate or graduate level--by consumers of speech pathologists and audiologists (N = 32).

Variables	Undergraduate Training		Graduate Training		Undergraduate plus Graduate Training		No Response	
	N	%	N	%	N	%	N	%
Preprofessional Courses								
Human Growth and Development	31	97	0	0	0	0	1	3
Speech and Hearing Science	21	66	7	22	1	3	3	9
Learning Theory	25	78	5	16	1	3	1	3
Basic Physical Sciences Including Biological Sciences	28	88	2	6	0	0	2	6
Anatomy and Physiology of Speech and Hearing Mechanism	27	84	1	3	2	6	2	6
Phonetics	28	88	3	9	0	0	1	3
Linguistics	20	63	8	25	3	9	1	3
Professional Courses in Speech and Hearing								
Clinical Evaluation	14	44	12	38	2	6	4	13
Stuttering	13	41	16	50	1	3	2	6
Basic Audiology	28	88	3	9	0	0	1	3
Diagnostic Audiology	5	16	26	81	0	0	1	3
Voice Disorders	15	47	15	47	0	0	2	6
Articulation Disorders	18	56	10	31	3	9	1	3
Language Disorders	16	50	11	34	4	13	1	3
Hearing Rehabilitation	14	44	14	44	3	9	1	3
Clinical Practicum	15	47	12	38	4	13	1	3

that universities and colleges were attempting to provide graduate training but didn't provide adequate content. Consumers' were fairly evenly divided but with a slight bias toward the professional courses being offered at the undergraduate level. (Exception 81% response in favor of diagnostic audiology being given at the graduate level.) The strongest response in favor of a particular course being given at the undergraduate level was basic audiology (88%). The producers leaned more toward the graduate level (except for basic audiology and articulation disorders) but approximately 25% or more of the producers again indicated an extension at the graduate level for preparation in courses that included clinical evaluation, stuttering, articulation disorders, language disorders, hearing rehabilitation, and clinical practicum. Diagnostic audiology (93%) was overwhelmingly designated for graduate level by producers.

Rank of Undergraduate Degree Plans in Order of Preference

Table 7 reports the rank order by producers and consumers of three degree plans.

A degree plan that includes Liberal Arts and preprofessional plus basic clinical skills was ranked first by 75% of the consumers and 73% of the producers. A plan of liberal arts plus preprofessional courses was ranked first by 25% of the producers and 16% of the consumers. A science or humanity plan exclusive of professional courses and experience was given first choice by no producer and only gained favor with one consumer.

Table 7. Response to Section IIIC: Rank of suggested undergraduate degree plans in order of preference--by producers of speech pathologists and audiologists (N = 44), and by consumers of speech pathologists and audiologists (N = 32)

Variables	Producers of Speech Pathologists and Audiologists (N=44)								Consumers of Speech Pathologists and Audiologists (N=32)							
	I		II		III		N.R.		I		II		III		N.R.	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
No Professional Courses or Experience (Essentially a Science and/or Humanities Plan)	0	0	4	9	32	73	8	18	1	3	3	9	23	72	5	16
Liberal Arts and Preprofessional Courses (Phonetics, Physics of Sound, Anatomy, Physiology, etc.)	11	25	26	59	0	0	7	16	5	16	21	66	1	3	5	16
Liberal Arts and Preprofessional Courses Plus Basic Clinical Skills	32	73	6	14	4	9	2	5	24	75	3	9	3	9	2	6

I Believe the Undergraduate Program can Produce a Qualified Clinician

Table 8 depicts the producers' and consumers' reaction to this loaded question. Sixty-one percent of the producers answered negatively to this statement. Eleven percent of the producers affirmative responses were qualified by statements such as: under supervision of an ASHA CCC; better preparation at undergraduate level could provide a qualified person; and not completely qualified but capable of carrying out specified tasks. Omitting this 11% percent, there are still 27% of the producers who believe an undergraduate program con produce a qualified clinician.

Sixty-one percent of the consumers also responded negatively to this statement. Twenty-one percent of the consumers' affirmative responses were qualified by statements such as: only under direct supervision of a person with ASHA CCC; as long as common sense and ethics are involved in employment; and present training programs need revision.

An examination of Table 1 (page 55) shows that 18% (14 persons) of the 76 participants listed as their primary area of employment an undergraduate training program. It was interesting to the editors that only seven individuals in undergraduate training programs were firmly in favor of a terminal undergraduate degree.

Table 8. Responses to Section IIID: I believe the undergraduate program can produce a qualified clinician--by the producers of speech pathologists and audiologists (N = 44) and the consumers of speech pathologists and audiologists (N = 32).

	Producers		Consumers	
	N	%	N	%
I believe the undergraduate program can produce a qualified clinician.				
Definitely yes	8	18	7	22
Yes	9	20	9	28
No	18	41	12	38
Definitely no	9	20	4	13
No response	0	0	0	0

APPENDIX A

NATIONAL CONFERENCE ON UNDERGRADUATE PREPARATION FOR PROFESSIONAL EDUCATION IN SPEECH PATHOLOGY AND AUDIOLOGY

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APPENDIX B

MATERIALS DISTRIBUTED FOR CONFERENCE PREPARATION

SUGGESTED REFERENCES

CONFERENCE ON UNDERGRADUATE PREPARATION FOR PROFESSIONAL EDUCATION IN SPEECH PATHOLOGY AND AUDIOLOGY

THE FOLLOWING MATERIAL IS BEING MAILED TO YOU:

1. Proceedings of the Conference on Education at the Undergraduate Level for the Helping Services. New England Board of Higher Education, 1967.

2. Conference on Major Issues in Doctoral Training Programs in Speech Pathology and Audiology (Charge to Conference, Presented by D. C. Spriestersbach)

THE FOLLOWING MATERIAL WILL BE ON HAND AT THE CONFERENCE:

Articles describing pre-professional programs in speech pathology and audiology published in Asha during 1968:

1. Bloomer, H. H., "The University of Michigan," June 1968 Asha

2. Winitz, H., "The University of Missouri," July 1968 Asha

3. Baisinger, W., "The University of Puget Sound," September 1968 Asha

4. Nuttall, E. C., "The University of Oklahoma," October 1968 Asha

5. Norton, M. C., "Stanislaus State College," November 1968 Asha

6. Powers, G. R., "The University of Connecticut," December 1968 Asha

A FEW COPIES OF THE FOLLOWING WILL BE ON HAND FOR REFERENCE AT THE CONFERENCE, BUT PARTICIPANTS MAY WISH TO REVIEW THIS MATERIAL PRIOR TO ATTENDING:

1. Graduate Education in Speech Pathology and Audiology, (Report of the Highland Park Conference in 1963. Copies were distributed to all ASHA members at that time.)

2. Mager, R. F., Preparing Instructional Objectives, Fearon Publishers, Palo Alto, 1962.

February 11, 1969

TO: Participants
National Conference on Undergraduate Preparation for Professional Education in Speech Pathology and Audiology

FROM: Planning Committee

The following outline is designed to help you to understand the way we have structured the conference and to prepare for effective participation in it.

OUR OBJECTIVES DURING THE CONFERENCE

To assess what we are currently doing in the undergraduate portion of preparation for professional education in speech pathology and audiology, and to encourage improvements.

SUGGESTED OUTLINE OF TOPICS FOR OUR DISCUSSION

1. Job Analysis and Identification of Behavioral Objectives Related to Fulfillment of Job Requirements

Probably, the first step in designing an educational program for speech pathologists and audiologists is that of analyzing and

describing the functions they are expected to perform. Following this we might try to identify the behavioral objectives related to these functions. That is, what knowledges, skills, or experiences are required of speech pathologists and audiologists in order to fulfull their job requirements?

2. How, When and for What Length of Time Should the Behavioral Objectives be Programmed?

Having reached some kind of agreement on the knowledges, skills and experiences necessary for the job we expect the speech pathologist and audiologist to perform, we could proceed toward trying to agree on how these knowledges, skills and experiences should be obtained--(for example, formal academic courses, practicum, internship, observation, etc., etc.) and on when they should be obtained--at the undergraduate level, graduate level, or both.

3. Suggestions for Implementing the Undergraduate Phase of Preparation for Professional Education in Speech Pathology and Audiology.

PERSONS WITH WHOM YOU WILL DISCUSS THE TOPICS OUTLINED ABOVE

Participants have been selected with an effort to provide a balanced cross section of persons representing both the "producer" and the "consumer" of the professional product. The national scope has been maintained by means of the geographical distribution of participants. You will be working with colleagues representing college and university undergraduate programs only, university undergraduate and graduate programs, hospitals and comminity service agencies, university administration, public school speech and hearing personnel, and persons representing national and state agencies responsible for programs in speech and hearing rehabilitation.

CONFERENCE FORMAT

It is not intended that college and university personnel be brought together simply to talk to each other, but rather that there be an active exchange of views among individuals representing the whole spectrum of interests and activity in our field. We have structured the discussion and information-exchanging process so as to provide maximum

opportunity for face to face interaction among all participants. Each participant will have an opportunity to discuss each topic with persons representing his own professional job setting and with persons representing a variety of job settings. The small group discussion procedure will be emphasized. However, there will be planned total group interaction each day so that everyone will know what is being discussed in other groups in addition to his own.

WHAT YOU MIGHT DO TO PREPARE FOR THE CONFERENCE

--Give thoughtful consideration to the topic of the conference entitled Undergraduate Preparation for Professional Education in Speech Pathology and Audiology and to the outline of topics for discussion at the conference. Bear in mind that many people wanted to come to the conference but couldn't be included. You were chosen and that increases your responsibility to do the bet you can.

--Discuss the topics with your colleagues back at home before you come to the meeting in New Orleans.

--Prepare and bring with you descriptions of your own programs and others that you know about. Some of these materials might be useful and we will find ways of reproducing and distributing them at the conference.

--Prepare yourself for the conference by studying the enclosed materials and other suggested references. Prepare to bring with you resourse references and materials which may be helpful to other participants during the conference.

SUCCESS OF THE CONFERENCE

Depends on all of us! Some kind of a report will come out of the conference. The terms of the grant require it, and we have promised it to a lot of program planners who won't be at the conference. We have the opportunity and the responsibility for making an impact on programs of training as they currently exist. We have a very vital conference topic. We hope we have provided the conference structure which will enable the invited participants to make a profound contribution to professional education in speech pathology and audiology.